

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Card.

# Health Department, City of Baltimore.

Permit No. 99032 Office of Registration and Vital Statistics. Ward 8

The Physician who attended any person in his last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 3<sup>rd</sup> 1887 B

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Edward McKee

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 35 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Driver

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1032 Hillman St

Cause of Death, { First (Primary), Pneumonia Second (Immediate), }

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cemetery

Date of Burial, April 5<sup>th</sup> Coroner M. D.

Undertaker, H. C. Wiedfeld

Medical Attendant.

Place of Business, 916 Greenmount Ave Address, 71 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

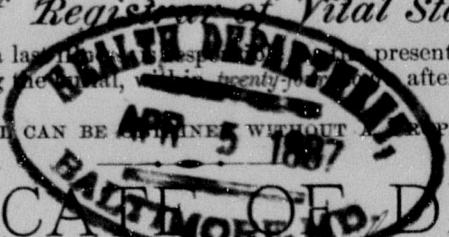
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to LIST OF DISEASES ON BACK OF THIS FORM.

# Health Department, City of Baltimore.

Permit No. 99033 Office of Registration of Vital Statistics. Ward 12<sup>th</sup>

The Physician who attended any person in a last illness, shall sign and present this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE ISSUED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death,

April 4<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Ann E Carroll

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 74 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, House

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Maryland

Duration of Residence in the City of Baltimore,

4 Years

Place of Death, { Give Street and Number. }

1701 Bolton St Balt

Cause of Death, { First (Primary),

Paralysis

Second (Immediate),

3 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, April 6<sup>th</sup> 1887

Geo H. Caines

M. D.

{ Undertaker, Stewart & Son

Medical Attendant.

{ Place of Business, 215 Parton Address,

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this form.

# Health Department, City of Baltimore.

Permit No. 99034 Office of Registrar of Vital Statistics. Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 3 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Esman

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 57 Years, Months, Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Carpenter

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give Street and Number. } 917 E. Pratt St

Cause of Death, { First (Primary), Pneumy, Second (Immediate), Exhaustion }

Duration of Last Sickness, About six weeks

All the above information should be furnished by the Physician.

Place of Burial, Maryland

Date of Burial, April 5 1887

{ Undertaker, H. Lander & Son

{ Place of Business, 1708 + 1910 Canton Ave

J.B. Schwatka

M. D.

Medical Attendant.

Address, 933 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this.

# Health Department, City of Baltimore.

Permit No. 99035 Office of Registrar of Vital Statistics. Ward 10<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death, April 3<sup>rd</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Richard Noonan.

Sex, Male or Female, { Cross out the word not required in this line. } Male.

Age, 39 Years, 0 Months, 0 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Farmer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } England.

Duration of Residence in the City of Baltimore, 36 years.

Place of Death, { Give Street and Number. } 11 Jackson St.

Cause of Death, { First (Primary), Second (Immediate), } Consumption

Duration of Last Sickness, 2 years.

All the above information should be furnished by the Physician.

Place of Burial, St Vincent's Cemetery

Date of Burial, April 5<sup>th</sup> 1887

Undertaker, W. Cadogan

Place of Business, 696 Mulberry Street

Address, Comm'r of Health & Registrar M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

John E. Dreding, Inspector

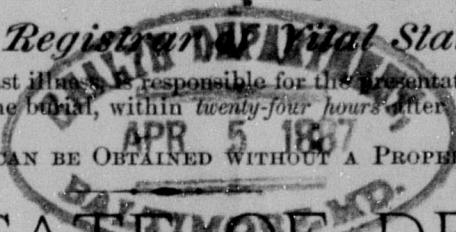
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this.

# Health Department, City of Baltimore.

Permit No. 99036 Office of Registration and Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



B

## CERTIFICATE OF DEATH.

Date of Death, April 3<sup>rd</sup>

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Doreas Kennard

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 82 Years, Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Housekeeper

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Calvert Co. Md

Duration of Residence in the City of Baltimore, 11 years

Place of Death, { Give Street and Number. } 545 Oxford st

Cause of Death, { First (Primary), Second (Immediate), }

Paralysis

Slarrowea

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Caesar Cemetery

Date of Burial, April 4 1867

{ Undertaker, L. W. Chase

{ Place of Business, 641 Howard St

A. M. Hall

M. D.

Medical Attendant.

Address, 1019 N. E. 1st ave

### Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

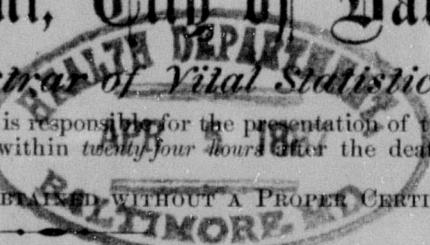
Permit No. 77037

Office of Registrar of Vital Statistics.

Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death,

April 4<sup>th</sup> 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

John H. Roach

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, \_\_\_\_\_ Years, & Months, \_\_\_\_\_ Days.

Color,

Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

✓

Occupation,

Gallo-City

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give Street and Number. }

1004 ½ Front St.

Cause of Death, { First (Primary),

Second (Immediate),

Syphilis. Congenital  
All its Life

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 5<sup>th</sup> 87

James A. Stead M. D.

Undertaker, C. L. Gutter

Medical Attendant

Place of Business,

Address, Camp St & R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

D. C. Patrick Sanitary Inspector

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to list of Diseases or Death.

# Health Department, City of Baltimore.

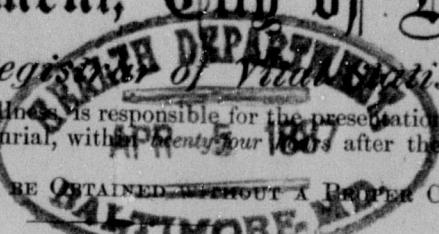
Permit No. 99038

Office of Registrar of Vital Statistics.

Ward 14<sup>th</sup>

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death, April 4<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank Duval

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 4 1/2 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Kokomo Indiana,

Duration of Residence in the City of Baltimore, One week,

Place of Death, { Give Street and Number. } M & R Hospital

Cause of Death, { First (Primary), Cerebral Disease  
Second (Immediate), Epilepsy }

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, May 6/87

{ Undertaker, Denny & Mitchell }

{ Place of Business, 1201 W. Bush }

T. A. Ashby

M. D.

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

# Health Department, City of Baltimore.

Permit No. 99039 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

~~No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.~~

## CERTIFICATE OF DEATH.

Date of Death, Aprie 5<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Veronica Gibbons

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, 7 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 411 S Central avd

Cause of Death, { First (Primary), Remittent fever Second (Immediate), }

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Apri. 7<sup>th</sup> 1887

{ Undertaker, N. F. Curran

{ Place of Business, 53 S Broadway

Grover Murphy

M. D.

Medical Attendant.

Address, 711 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

## Board of Health, City of Baltimore,

Permit No. 99449 Office of Registrar of Vital Statistics. Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

Apr. 2. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Robt. H. Williams

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, About 70 Years, Months, Days,

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Laborer

Birthplace, { State or country, and now long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Don't know.

Place of Death, { Give street and Number. } 136 East st.

Cause of Death, { First, (Primary). } Rheumatism  
{ Second, (Immediate). } Heart clot.

Duration of Last Sickness, Few days.

At the above information should be furnished by the Physician.

Place of Burial Garrison Cemetery

Date of Burial April 6 1887

{ Undertaker, Hercules Ross }

{ Place of Business 404 Carrollton St. Address, 851 Park Av.

W. T. Booker

M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this page.

# Health Department, City of Baltimore.

Permit No. 99041 Office of Registrar of Vital Statistics. Ward 3<sup>11</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

April 4<sup>th</sup>

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

James Strong

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 41 Years, — Months, — Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Oyster shucker

Balto Co

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give Street and Number. } Old no 181 W Bethel st.

Cause of Death, { First (Primary), Second (Immediate), }

Phthisis Pulmonalis

Duration of Last Sickness,

Several months.

All the above information should be furnished by the Physician.

Place of Burial, Abney Barn

Date of Burial, April 5/87

{ Undertaker, W W MacFie

{ Place of Business, 96 East St

D W Cutchee M. D.

Medical Attendant.

Address, 4 W Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]